

RECEIVED
CENTRAL FAX CENTER

JAN 08 2006

TO: UNITED STATES PATENT & TRADEMARK OFFICE

FROM: RACHAEL L. COOK

DATE: 1/8/06

RE: APPLICATION #10/689.570

PAGES: 2

PLEASE BE ADVISED THAT I ALREADY FAXED THIS FORM TO YOU A YEAR AGO (SEE ORIGINAL DATE ON FORM). I HAVE NOT BEEN RECEIVING ANY CORRESPONDENCE FROM YOUR OFFICE. I HAVE SPOKEN TO MY EXAMINER AND SHE SAID THAT YOU HAVE BEEN SENDING CORRESPONDENCE TO MY OLD ADDRESS AND THAT THEY HAVE BEEN RETURNED.

PLEASE UPDATE MY ADDRESS IN YOUR SYSTEM AND RE-SEND ANY AND ALL CORRESPONDENCE THAT HAS BEEN RELEVANT TO MY APPLICATION SINCE THE END OF 2004.

THANK YOU.

SINCERELY,


RACHAEL L. COOK

RECEIVED
CENTRAL FAX CENTER

JAN 08 2006

PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM

Application Number	10/689,570
Filing Date	10-20-03
First Named Inventor	RACHAEL LINETTE COOK
Title	MS.
Art Unit	3623
Examiner Name	SUSANNAH MEINECKE-DIAZ
Attorney Docket Number	117074-1-CON-CON

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	RACHAEL LINETTE COOK		
Address	141 S. HAYDEN PKWY.		
City	HUDSON	State	OHIO
Country	UNITED STATES		
Telephone	561-352-7599	Fax	

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Rachael L. Cook	Date	21 FEB 05
Name	RACHAEL L. COOK	Telephone	561-352-7599
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.